PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE Commissioner for Patents P.O. Box 1450 SEP 2 5 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: 15 form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriateDEN purcher correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 27717 7590 08/17/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. SEYFARTH SHAW LLP 131 S. DEARBORN ST., SUITE2400 CHICAGO, IL 60603-5803 09/26/2006 WASFAW2 00000066 10624116 ONSUELO HENRY (Depositor's name) 01 FC:1501 1400.00 OP (Signature) 300.00 OP 02 FC:1504 SEPTEMBER ZUUb 12.00 OP 03 FC:8001 (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. **FILING DATE** TJK/400 6127 Ray Blotteaux 10/624,116 07/21/2003 TITLE OF INVENTION: IMPACT LAYER TECHNOLOGY SHAFT **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE **SMALL ENTITY ISSUE FEE DUE** \$300 \$0 \$1700 11/17/2006 NO \$1400 nonprovisional **ART UNIT CLASS-SUBCLASS EXAMINER** GRAHAM, MARK S 3711 473-561000 TIMOTHY J. KEEFER 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys 35,567 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to SEYFARTH SHAW ☐ "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SPORT MASKA INC. WESTMOUNT, (QUEBEC) CANADA 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the require fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. **Authorized Signature** Typed or printed name Registration No

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Ray BLOTTEAUX)
Application No. 10/624,116) IMPACT LAYER TECHNOLOGY SHAFT
Application 10/024,110))
Filing Date: July 21, 2003)

TRANSMITTAL LETTER

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Respectfully Submitted,

Date:

SEYFARTH SHAW LLP

131 S. Dearborn

Suite 2400

Chicago, Illinois 60603

Telephone: (312) 460-5000 Facsimile: (312) 460-7000

Simothy J. Keefer, Reg. No. 35,567

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL SEP 2 5 2006 For FY 2006		Application Number 10/624,11								
		Filing Date July 21, 200		, 2003						
		First Named Inventor	Ray BLOTTEAUX							
			Examiner Name	Mark S. Graham						
Applicant dains small entity status. See 37 CFR 1.27				Art Unit 3711						
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING F			CH FEES	EXAMINA	CAMINATION FEES				
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Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (</u>		Fees Paid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	. 300				
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2. EXCESS CLAIM FE	ES						Sma	II Entity		
Fee Description						Fee	<u>(\$)</u> <u>F</u>	ee (\$)		
Each claim over 20 (inc	luding Reiss	ues)				50		25		
Each independent claim	over 3 (incl	uding Reissues)	•			200		100		
Multiple dependent clai						360		180		
Total Claims	Extra Clai		<u> </u>	s Paid (\$)				ent Claims Fee Paid (\$)		
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20										
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